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** CONTINUING DATA *****

This application is a CON of 10/382,702 03/06/2003 PAT 6,908,484

cm

** FOREIGN APPLICATIONS *****

cm none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>cm</i>		

ADDRESS

51640

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TITLE

Cervical disc replacement

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)